

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009877

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 4044 Registrar's No. 13

FILED MAR 27 1962

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sturgeon</u>		c. CITY OR TOWN <u>Sturgeon</u>	
Length of stay in 1b <u>12 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) <u>L</u>		d. STREET ADDRESS (If outside, give location) <u>-</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>Cissey</u> Last <u>Haley</u>			4. DATE OF DEATH Month <u>March</u> Day <u>19</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 24-1891</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u>		11. BIRTHPLACE (City and state or country) <u>Monroe Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>					

13a. FATHER'S NAME <u>John William Haley</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Ann Dulaney</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Haley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Mrs. Gertrude Haley, Sturgeon, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u> DUE TO (b) <u>Decompensated Hypertensive Heart disease</u> DUE TO (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>weeks</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Sturgeon, Missouri</u>

21. I attended the deceased from March 6, 1962 to March 19, 1962 and last saw him alive on March 19, 1962
Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Henry J. Stewart</u>		22b. ADDRESS <u>Sturgeon, Mo.</u>		22c. DATE SIGNED <u>3/21/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-21-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
23d. FUNERAL DIRECTOR <u>Paul G. Ballou, Centralia, Mo.</u>		23e. ADDRESS <u>Centralia, Mo.</u>		23f. LOCATION (City, town, or county) (State) <u>Sturgeon, Missouri</u>	
24. DATE RECD. BY LOCAL REG. <u>March 21st 1962</u>		25. REGISTRAR'S SIGNATURE <u>Maud M. Brice</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0100
2 01002
3
4 0
5 1
6
7 0
8 2
9 443X
10
11
12 90-2
13 2-0

APR 19 1962

JUL 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lane J. Baller

Licensed Embalmer No.

4206

P. O. Address

Centerville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.